

AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

(check applicable box)

☐

FEDERAL CANDIDATE

☒

STATE/LOCAL CANDIDATE

To Avail Themselves of The Lowest Unit Charge During a Political Window, Federal Candidates Must Sign The Certification On Page 3

Station and Location:	Date:
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I, _____ Emily Milhoan _____

being/on behalf of: _____ Friends of Rick Saccone _____, a legally

qualified candidate of the _____ Republican _____ political

party for the office of: _____ State Representative _____ Dist # 39 _____

in the _____ General _____

election to be held on: _____ November 6, 2012 _____

do hereby request station time as follows:

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks

Total Charges: *SEE CONTRACT*

For programming that, in whole or in part, "communicates a message relating to any political matter of national importance, list the matters below:

I represent that the payment for the above described broadcast time has been furnished by:

Friends of Rick Saccone

and you are authorized to announce the time as paid for by such person or entity.

I represent that this person or entity is either a legally qualified candidate or an authorized committee/organization of the legally qualified candidate.

The name of the treasurer of the candidate's authorized committee is:

Nicholas Racculia - Treasurer

This station has disclosed to me its political advertising policies, including: applicable classes and rates; and discount, promotional and other sales practices (not applicable to federal candidates).

THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACMENT OF ADVERTISING.

To Be Signed By Candidate or Authorized Committee

11/2/12
Date



To Be Signed By Station Representative

☐ Accepted

☐ Accepted in Part

☐ Rejected

Signature

Printed Name

Title

CANDIDATE CERTIFICATION

In Order For Federal Candidates to Receive The Lowest Unit Charge During a Political Window, the Following Certification is Required:

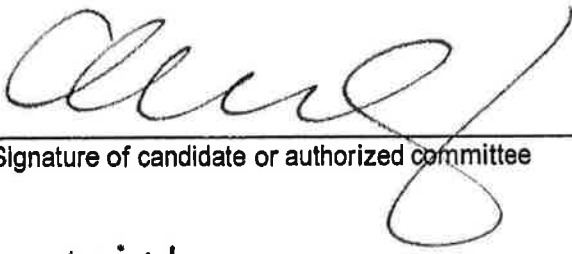
I, Friends of Rick Saccone
(name of federal candidate or authorized committee) hereby certify that the programming to be broadcast (in whole or in part) pursuant to this agreement:

☐ does ☐ does not

refer to an opposing candidate (check applicable box). I further certify that for the programming that does refer to an opposing candidate:

(check applicable box)

- ☐ the radio programming contains a personal audio statement by the candidate that identifies the candidate, the office being sought, and that the candidate has approved the broadcast.
- ☐ the television programming contains a clearly identifiable photograph or similar image of the candidate for a duration of at least four seconds, and a simultaneously displayed printed statement identifying the candidate, that the candidate approved the broadcast, and that the candidate and/or the candidate's authorized committee paid for the broadcast.


Signature of candidate or authorized committee

Emily Milhoan
Printed Name

11/2/12

Date